

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Amin Abdullah-Clarke

FILED

COURT CASE NUMBER

CV 882 DMS-WMC

DEFENDANT

Dr. Allan

2008 SEP -9

TYPE OF PROCESS

Service of Process

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Dr. Allan mental Health

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

California State Prison Centinela 2302 Brown Rd Imperial, Ca 92251

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Amin Abdullah-Clarke C-84681
CSP Los Angeles Co.
44750 60th St, West
Lancaster, Ca 93536

Number of process to be
served with this Form - 285

7

Number of parties to be
served in this case

7

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Amin Abdullah-Clarke

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

8/13/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1

District
of Origin

98

District
to Serve

98

Signature of Authorized USMS Deputy or Clerk

A. J. J. J.

Date

8/13/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am
pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

08/19/08 - mailed SEA

08/27/08 - Recd new address mailed out

09/08/08 - Returned Unexecuted. Per the registry of Physician Specialists they can't accept
service due to various Dr. Allan's employed with them. They can't determine if this dft has
ever worked for them. They need further information to identify.

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)